

Please use black ink.

File WHITE COPY with:

TNRCC

P.O. Box 13087, MC 177

Austin, TX 78711-3087

512-239-0530

State of Texas PLUGGING REPORT

(This form must be completed and filed with the TNRCC within 30 days following the date the well is plugged as required by current statutory law.)

Texas Water Well Drillers Advisory Council

P.O. Box 13087

Austin, TX 78711-3087

512-239-0530

A. WELL IDENTIFICATION AND LOCATION DATA

1) OWNER _____ ADDRESS _____
(Name) (Street or RFD) (City) (State) (Zip)

2) ADDRESS OF WELL:
County _____ GRID # _____
(Street, RFD or other) (City) (State) (Zip)

3) OWNER'S WELL NO: _____ 4) WELL TYPE (Check): ☐ Water ☐ Monitor ☐ Injection ☐ De-watering

Driller, Pump Installer, or Landowner performing the plugging operations **must** locate and identify the location of the well within a specific grid on a full scale-gridded County map available from the TNRCC/Installers Certification Program. The location of the well should be denoted within the grid by placing a corresponding dot in the grid to the right. The legal description section below is optional.

☐ LEGAL DESCRIPTION:

Section No. _____ Block No. _____ Township _____

Abstract No. _____ Survey Name _____

Distance and direction from two intersecting section lines or survey lines: _____



B. HISTORICAL DATA ON WELL TO BE PLUGGED (if available)

6) Driller _____ License No. _____ City _____

7) Drilled _____ 19____; 8) Diameter of hole _____ inches; 9) Total depth of well _____ feet.

C. CURRENT PLUGGING DATA

10) Date well plugged _____, 19____.

11) Sketch of well: Using space at right, show method of plugging the well including all casing and cemented intervals.

12) Name of Driller/Pump Installer actually performing the plugging operations _____

License number _____

13) Casing and cementing data relative to the plugging operations:

| DIAMETER (inches) | CASING LEFT IN WELL | |
|-------------------------------|---------------------|------------------------|
| | FROM (feet) | TO (feet) |
| | | |
| | | |
| | | |
| CEMENT PLUG(S) PLACED IN WELL | | SACK(S) OF CEMENT USED |
| FROM (feet) | TO (feet) | |
| | | |
| | | |
| | | |
| | | |
| | | |

D. VALIDATION OF INFORMATION INCLUDED IN FORM

I hereby certify that this well was plugged by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 13 will result in the report(s) being returned for completion and resubmittal.

Company or Individual's Name (type or print) _____

Address: Street or RFD _____ City _____ State _____ Zip _____

Signatures:

Licensed Driller/Pump Installer Date _____ Owner of Well _____ Date _____

Trainee/Apprentice Date _____

Send one (1) copy each to: TNRCC, WELL OWNER, LICENSED WELL DRILLER/PUMP INSTALLER